

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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NEW HAMPSHIRE

I. Name of Lobbyist(s) Douglas L. Patch DEPARTMENT OF STATE II. Name of lobbyist's partnership, firm or corporation, if any: Orr & Reno, P.A (Name of partnership, firm or corporation) 45 S. Main Street, P.O. Box 3550 Concord Business Address: (Street) (Town/City) (State) (603) 224-2318 e-mail dpatch@orr-reno.com (603) <u>224-2381</u> (Telephone) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: New Hampshire Association of Fire Chiefs (Full Name of Client as it appears on the Lobbyist Registration Form) <u>OR</u> All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 25, 2018 April 25, 2018 🔲 IV. Date of Report activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18 Reports cover: October 31, 2018 X January 30, 2019 🗆 activity from 10/1/18 to 12/31/18 activity from 7/1/18 to 9/30/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: ☑ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions Sworn Statement/Affirmation by Lobbyist I have read BSA 15, RSA/15-B, RSA/14-C and RSA 664 and hereby swear or affirm that the foregoing information is true knowledge and belief. and complete to the best of 10/31/18 (Date) (Signature of lobbyist) Douglas L. Patch

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Douglas L. Patch		
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Association of Fire Chiefs	Date10/	/31/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or p	ublic relations service
a) Total of all fees received in this reporting period	a) \$	3,750.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y		7,500.00
c) Total of all fees received to date (Add lines a and b)	c) \$	11,250.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this regard any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if ex may be filed for e aggregate tota expenses; (b) the le: meals purch ss than \$10 that ed with a value orting period of ue of greater the er than \$25, bu, expense reim	penditures are made bor the lobbyist(s)/firmal of all expenses paide aggregate total of all assed during a busines to is given to the person of \$25.00 or less); and greater than \$25.00 for an \$25, purchase of the three than \$50 bursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	50.00
f) Total of all expenses year to date	f) \$	50.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees du	ring this reporting
Paid to:	Amount:	
	s	
	\$	
	\$	
	\$	
	\$	
	s	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affin	m that the fore	going information
is true and complete to the best of my knowledge and belief.		
	10/31/18	
(Signature of lobbyist)	(Dat	e)
Douglas L. Patch		
(Print Name of lobbyist)		

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Af Statement of Income	-			
Name of Lobbying part	nership, firm, or corpo	oration: Orr & Reno, P.	Α.	
Name of Client (leave b	olank if Statement is fo	or the partnership, firm, or	corporation and not rela	ted to any
particular client): New	Hampshire Associa	tion of Fire Chiefs		
Date of Report (check	one):			
April 25, 2018 □	July 25, 2018 🗆	October 31, 2018 🖾	January 30, 2019 □	
		he Statement of Income ar at Statement (insert the n		
_1 Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of (Signature of lobbyist)			nt and each Addendum i 10/31/18 (Date)	s true and
Douglas L. Patch				
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